



Human Services Committee
Testimony VNA Community Healthcare
Regarding S.B. 1013
March 15, 2011

Good morning Sen. Musto, Rep. Tercyak, and members of the Human Services Committee. My name is Mike Weiner and I am a registered nurse who has worked in a variety of mental health settings for over 35 years. I currently am the manager of behavioral health services at VNA Community Healthcare and have an in-depth understanding of the type of clients we serve in the community. These clients are extremely ill and the majority of them have a combination of both severe persistent mental illness and significant medical illnesses such as diabetes, vascular disease, or respiratory disease. It is within this context that I am expressing my concern and opposition to Section 15 of S.B. 1013.

S.B. 1013 contains a mandate for home health agencies to have unlicensed personnel perform medication administration. The home health nurse is responsible for all duties performed by the unlicensed personnel, known as home health aides in our industry. Under the CT Nurse Practice Act it is the nurse's responsibility to identify those duties that can be safely delegated to such unlicensed personnel and to ensure they are properly instructed and supervised in those duties.

I do not believe medication administration with our behavioral home health patients can be safely delegated to unlicensed personnel. I can give you many examples of why I believe this to be true but here is just one. A gentleman just spent 4 years in CT Valley Hospital and is returned to the community with a nurse to visit twice daily for assessment, teaching and medication administration. He has multiple psychiatric diagnoses, the primary one being schizoaffective disorder, bipolar type. He also has several medical diagnoses. He has no insight into his illnesses and has been known to pretend to take his medications, hiding this from his treaters. Does it make sense to discharge a patient from a 4 year hospitalization, where he has received around the clock supervision and care from a team of psychiatrists, nurses, psychologists, social workers and ancillary hospital personnel; to the community where unlicensed personnel administer medications? I think not. The medication administration performed with this patient requires nursing judgment and is much more than the task of handing a pill, and as such, cannot be delegated. It involves the careful assessment of the patient's entire condition and judgment as to whether the medications are appropriate to be given at that moment. This is not an uncommon scenario.

The average Medicaid cost of a psychiatric hospitalization is roughly \$19,800 per month. Therefore this patient cost the state almost 1 million dollars in 4 years of institutional care. The average Medicaid cost per day for psychiatric home care service in our agency is 60 to 65 dollars per day, this amounts to only \$95,000 over 4 years. The cost savings is dramatic.

Nursing care is rendered in many different settings and I would argue that the most high risk setting to delegate medication administration is the home. This environment is unstructured and unpredictable. The nursing assessment done at the time of medication administration is the only opportunity to prevent complications. A study done by the Institute of Medicine of the National Academies of Science in 2006 estimated that medication errors harm at least 1.5 million people per year and cost the health care system 3.5 billion per year.

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I am convinced a widespread mandate that medications be administered by unlicensed personnel in the home setting will only increase the risk of errors and cost to the system.

I realize there is a need to develop further cost savings, however replacing nursing care and judgment with unlicensed personnel seems penny wise and pound foolish. We would welcome a more thoughtful collaborative approach to managing this type of care in the community and certainly support initiatives aimed at ensuring both quality and cost savings.

I also support HB 6551 which repeals the residential care home medication administration mandate. This mandate has not moved forward in implementation due to a variety of problems and therefore should be repealed. How best to provide care in the residential homes can be incorporated into the broader care planning for the behavioral health population.

Thank you for your time and I hope you will consider these issues as you move forward in this difficult budget process.

Respectfully Submitted,

Mike Weiner, BSN, MSN

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